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MODIFIED PTO/SB/50 (06-03 REISSUE PATENT APPLICATION TRANSMITTAL									
C.S.	Attorney Docket No.			Q78314	200				
Address to: MAIL STOP REISSUE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	First Named Inventor			TOKORO, Hisato	1.S.				
	Original Patent Number		er	6,312,494	3/70				
	Original Patent Issue Date (Month/Day/Year)			November 6, 2001	1751				
	Express Mail Label No.		Э.						
APPLICATION FOR REISSUE OF: ☐ Utility Patent ☐ Design Patent ☐ Plant Patent (Check applicable box)									
APPLICATION ELEMENTS (37 CFR 1.173)			ACCOMPANYING APPLICATION PARTS						
 Fee Transmittal Form (PTO/SB/56) (Submit an original, and a duplicate for fee processing) Applicant claims small entity status. See 37 CFR 1.27. Specification and Claims in double column copy of patent format (amended, if appropriate) Drawing(s) (proposed amendments, if appropriate) Reissue Oath/Declaration (original or copy) (37 C.F.R. 1.175)(PTO/SB/51 or 52) Power of Attorney 		Statement of status and support for all changes to the claims. See 37 CFR 1.173(c). 11. Original Patent Grant Ribboned Original Patent Grant Statement of Loss (PTO/SB/55) 12. Foreign Priority Claim (35 USC 119)(if applicable) Information Disclosure Statement (IDS)/PTO/SB/08 A &							
7. Original U.S. Patent currently assigned? (if Yes, check applicable box(es))	B (modified) Copies of IDS Citations								
Written Consent of All Assignees (PTO/SB/53) 37 CFR 3.73(b) Statement (PTO/SB/96) 8. CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table 9. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all of the following are necessary) a. Computer Readable Form (CFR) b. Specification Sequence Listing on: i. CD-ROM (2 copies) or CD-R (2 copies); or ii. Paper		14. □ 15. ☑ 16. ☑ 17. ☑	Englist applica Prelim Return	English Translation of Reissue Oath/Declaration (if applicable) Preliminary Amendment Return Receipt Postcard (MPEP 503)(Should be specifically itemized)					
c. Statements verifying identify of above copies									
18. CORRESPONDENCE ADDRESS									
Direct all correspondence to the address for SUGHRUE MION, PLLC filed under the Customer Number listed below:									

		washington 2337 customer n	73	
Name (Print/Type)	Peter D. Olexy		Registration No. (Attorney/Agent)	24.51

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Signature Date November 5, 2003

REISSUE APPLICATION FEE TRANSMITTAL FORM Docket Number Q78314 Claims as Filed - Part 1 Number Filed (3)Small Entity Claims in Other than a Small Entity Number in Reissue Patent Rate Fee Rate Fee Application Extra **Total Claims** **** 0 (A) (B) 14 \$ = OR х x \$ 0 (37 CFR 1.16(j)) Independent (C) Claims (D) 7 * 0 = Х \$ x \$ 0 (37 CFR 1.16(i)) Basic Fee (37 CFR 1.16(h)) \$ OR Total Filing Fee \$770.00 Claims as Amended - Part 2 (1) (2) (3) Small Entity Other than a Small Entity Claims Highest Extra Remaining Number Rate Fee Rate Fee Claims After Previously Present Amendment Paid For OR Total Claims ***14 MINUS **20 \$ Х = x \$ = 0 (37 CFR 1.16(j)) 0 Independent *** 7 ****7 Claims MINUS =0 х \$ x \$ 0 = (37 CFR 1.16(i)) Total Additional Fee OR \$0 *If the entry in (D) is less than the entry in (C), Write "0" in column 3. **If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space. ***After any cancellation of claims. **** If "A" is greater than 20, use (B-A); if "A" is 20 or less, use (B-20). ***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C). ☐ Applicant claims small entity status. See 37 CFR 1.27. ☑ A check in the amount of \$770.00 to cover the filing/additional fee is enclosed. A duplicate copy of this sheet is enclosed. ☑ The USPTO is directed and authorized to charge all required fees, except for the Issue Fee and the Publication Fee, to Deposit Account No. 19-4880. Please also credit any overpayments to said Deposit Account. Nov 5 2003 # 24513 Signature of Applicant, Attorney or Agent of Record PETER D. OLEXY Typed or printed name